STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

	Facility's Name: Hale Mohalu	CHAPTER 100.1
Address: 3650 Maunalei Avenue, Honolulu, Hawaii 96816 Inspection Date: December 2 & 3, 2019 Annual	Address: 3650 Maunalei Avenue, Honolulu, Hawaii 96816	Inspection Date: December 2 & 3, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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	\$11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Employee #1 – No annual physical exam clearance. Annual physical exam form states, "Is the individual able to cope with the responsibilities of caring for elderly and disabled persons?" The physician checked, "No."	RULES (CRITERIA)
	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Physical exam was done on 12/05/2019 by attending MD.	PLAN OF CORRECTION
£	12/05/2019	Completion Date

		(a) All to review to	
		(a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Employee #1 — No annual physical exam clearance. Annual physical exam form states, "Is the individual able to cope with the responsibilities of caring for elderly and disabled persons?" The physician checked, "No."	RULES (CRITERIA)
20 TAN 23 PC:13	LOS CARAME	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Primary Care Giver will review the Medical Report for ARCH (OHCA ARCH I 19A form) as soon as substitute care giver turns in the form. PCG will also review the completed OHCA ARCH I 19A form before filing and will consult with attending MD if any abnormality is noted to prevent these types of deficiencies	PLAN OF CORRECTION
8	STATES STATES	12/05/2019 ongoing	Completion Date

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All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS Employee #2 – No annual tuberculosis clearance.	RULES (CRITERIA)
USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Employee #2 forgot to turn in the form after TB skin test was completed on 7/15/2019. Employee #2 submitted TB test result on 12/05/2019.	PLAN OF CORRECTION
12/05/2019 12/05/2019 21/05/2019 21/05/2019	Completion Date

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12/05/2019 ongoing	PCG will have a document with all employees' names and due dates by each category (physical exam, TB clearance, and First Aid/BLS) as required by OHCA. PCG will place a note in each employee's personal box and will send a copy of the note via email reminding each employee of any deadlines that must be met for the employee to stay compliant with OHCA requirements. The document will be updated as confirmed compliance documents are turned in by employees. The category document will be kept in the front pocket of the folder for ease of follow-through, and will be confirmed on the 5th of each month. Expectations are that this will be a very efficient means of confirming employee compliance.		
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Employee #2 – No annual tuberculosis clearance.	
	FUTURE PLAN	(b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.	
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)	

			Resident #1 – Physician order on 3/22/2019 for Furosemide states, "Hold for SBP <110." April medication administration record (MAR) states, "Hold for SBP <100." Parameter incorrect on MAR.	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	RULES (CRITERIA)
25.23		Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Order clarification was made with PCP on 12/05/2019.	PART 1	PLAN OF CORRECTION
	0 0		12/05/2019		Completion Date

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STATE INCIN	. C.5		
12/05/2019 ongoing	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? As soon as upcoming POS, MAR, and TAR arrives from Pharmerica (25th of every month), the night nurse will review and update the MAR and TAR. Attending MD will review the following month's POS and sign the document to confirm review. The last day of the month, two (2) RN's will check current POS, MAR, and TAR. One (1) RN reads the current POS while the second RN follows along and compares the notes as read to the following month's POS to make sure all orders are carried through to the following month as well as confirm the MAR and the TAR. This will ensure that the orders are carried through and consistent.	Resident #1 — Physician order on 3/22/2019 for Furosemide states, "Hold for SBP <110." April medication administration record (MAR) states, "Hold for SBP <100." Parameter incorrect on MAR.	
	PART 2 <u>FUTURE PLAN</u>	§11-100.1-15 <u>Medications</u> . (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	\boxtimes
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)]

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STATELIST	. (2)	
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09/19/2019	The order had been changed from 7 mg. to 14 mg. POS dated on $09/19/2019$ was in the file.	
	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	FINDINGS Resident #1 — Memantine dose on October MAR = 14 mg. Last order available from 8/29/2019 states Memantine dose as 7 mg. MAR and order do not match.
	DID YOU CORRECT THE DEFICIENCY?	minerals, and formulas, shall be made available as ordered by a physician or APRN.
	PART 1	\times \frac{\text{\$11-100.1-15}}{\text{Medications.}} \text{(e)}
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

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ongoing	Continuously focus on the end of the month transition POS, MAR, and TAR's (from current to upcoming) to ensure all orders are transcribed onto the upcoming MAR and TAR correctly. Files will be organized or thinned to maintain relevant information in the patient file by date. Each quarter a nurse will be assigned to review and manage the file, with a second nurse reviewing the file to make sure files are in order by date. The PCG will check folders biannually to ensure that all patient files are correctly ordered.	
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Resident #1 — Memantine dose on October MAR = 14 mg. Last order available from 8/29/2019 states Memantine dose as 7 mg. MAR and order do not match.
	PART 2 <u>FUTURE PLAN</u>	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

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medication ordered on 9/11/2019.	FINDINGS Resident #1 – Tradjenta found in medication cart for resident; however, no order for medication found. Per MAR,	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	RULES (CRITERIA)
The written order (POS dated 9/11/2019) was misfiled and found on $12/04/19$.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
12/04/2019			Completion Date

		Resident #1 — Tradjenta found in medication cart for resident, however, no order for medication found. Per MAR, medication ordered on 9/11/2019. Continuously focus on the end of the mon transition POS, MAR and TAR's (from curr upcoming) to ensure all orders are trans onto upcoming MAR and TAR correctly. Fwill be organized or thinned to maintain relevant information in the patient file date. Each quarter a nurse will be ass to review and manage the file, with a se nurse reviewing the file to make sure files are correctly ordered.	\$\frac{\text{\$11-100.1-15}}{\text{All medications.}}\$ (e) PART 2 All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FUTURE PLAN	RILERIA)
M 23 112 114		PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Continuously focus on the end of the month transition POS, MAR and TAR's (from current to upcoming) to ensure all orders are transcribed onto upcoming MAR and TAR correctly. Files will be organized or thinned to maintain relevant information in the patient file by date. Each quarter a nurse will be assigned to review and manage the file, with a second nurse reviewing the file to make sure files are in order by date. The PCG will check folders biannually to ensure that all patient files are correctly ordered.	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
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						FINDINGS Resident #2 – Acetaminophen found in medication cart for resident; however, no order for medication found.	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	RULES (CRITERIA)
					The medication was removed from the medication cart on $12/03/2019$.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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Ongoing	PCG will educate staff nurses to ensure they understand that any medication in the cart must be on the MAR. PCG will check the medication cart at the end of each month. The first day of the month the night shift nurse will check POS, MAR and TAR to compare all prescribed medication to what is stocked in the medication cart for each patient. Additionally, certain medications on standing order will be written on the POS and MAR for each patient. A supply of the medication will be available in the medicine cart.	
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FINDINGS Resident #2 – Acetaminophen found in medication cart for resident; however, no order for medication found.
	PART 2 FUTURE PLAN	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

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	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #2 — Monthly progress notes do not include observations of the resident's response to medications or diet.
	PART 1	\$11-100.1-17 Records and reports. (b)(3) During residence, records shall include:
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

	RIII ES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
\boxtimes	\$11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	PART 2	
	Progress notes that shall be written on a monthly basis, or	FUTURE PLAN	
	more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #2 – Monthly progress notes do not include observations of the resident's response to medications or	Re-educated nursing staff of the need to document resident's response to Medication and Diet on the monthly progress note and chart.	Ongoing
		nurse will review the monthly progress notes together. PCG will check the documentation with the assigned nurse and case manager to ensure there is observation records on the progress notes and resident's charts. If there is a deficiency, assigned nurse or case manager will review with documenting nurse. This plan will ensure that this will not happen again.	
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	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 – Monthly progress note for March 2019 stated that resident had no change in weight; however, weight chart indicated that the resident had a weight change of 60.1 lbs. from February 2019 (243.3 lbs.) to March 2019 (183.2 lbs.).
	PART 1	S11-100.1-17 Records and reports. (b)(3) During residence, records shall include:
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)

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WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? He nurse assigned to do data entry will hand he weight log sheet to the PCG once completed or immediate review instead of placing n the PCG's binder. Also, PCG will discuss esident's weight changes on the 10th of very month during shift report to prevent rrors and get clarification as needed. f any abnormalities are found (changes of 1 lbs), PCG will make sure to report the hanges to RD and the case manager and iscuss the weight changes.
PLAN OF CORRECTION

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Resident #1 — Nutrition care plan was not developed for resident with wounds, on special diet (renal, consistent carbohydrate, 2 gm sodium, low potassium, low fat/low cholesterol) and on nutritional supplementation (Nepro and Rena-Vite).	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident's	RULES (CRITERIA) §11-100.1-88 Case management qualifications and services.
WH. 23 PIZ 16	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY On 12/10/2019, nutrition care plan was developed by assigned nurse and case manager.	PLAN OF CORRECTION PART 1
25 25 25	12/10/2019	Completion Date

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	Resident #1 – Nutrition care plan was not developed for resident with wounds, on special diet (renal, consistent carbohydrate, 2 gm sodium, low potassium, low fat/low cholesterol) and on nutritional supplementation (Nepro and Rena-Vite).	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;	RULES (CRITERIA) 811-100.1-88 Case management qualifications and services
20 MA 23 PT:16		USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In addition to discussions with nursing staff at shift meetings, discussions will take place with the recently hired Registered Dietitian who will assist with all supplements, special diet care plans, and nutrition advice. PCG will review the care plan with the assigned nurse and the case manager every month to ensure that the diet care plan is accurate and updated with documented information that can be reviewed to determine the success of the plan(s).	PLAN OF CORRECTION PART 2
		Ongoing	Completion Date

Licensee's/Administrator's Signature:

Print Name: _

lame: Takemi Sealmon Pu

Date: __

3/19/2020

STATE OF PLANS
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